GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director

DHCF Transmittal No. 19-14

TO: **District of Columbia Managed Care Organizations, the Managed Care Organization Network, and the Fee for Service Network.**

FROM: **Melisa Byrd**
Senior Deputy Director/ Medicaid Director

DATE: **May 15, 2019**

SUBJECT: **Removal of Prior Authorization (PA) Requirements for Medication-Assisted Treatment (MAT) Drug Products**

The purpose of this transmittal is to replace Transmittal No. 19-11 introducing Policy Number: HCDMA-19-001 which removes the PA requirements for MAT drug products that are prescribed and dispensed for the treatment of opioid use disorder (OUD) and alcohol use disorder (AUD).

In October 2017, a group of stakeholders from the public and private sectors convened for a summit focused on how to jointly address Washington, DC's opioid epidemic. Out of the summit, the Strategic Planning Working Group was created. In late November 2017, the work group members began to conduct stakeholder engagement sessions to assess what was needed regarding prevention and early intervention, harm reduction, acute treatment, sustained recovery, and criminal justice. The information from these sessions and the feedback from work group members was used to create a draft plan. The Plan covers the full array of prevention, treatment and recovery supports. It consists of seven (7) goals with multiple supporting strategies. In particular, the intent of Goal 1 is to reduce legislative and regulatory barriers to access MAT treatment.

In January 2019, The City Council of the District of Columbia likewise introduced the Behavioral Health Parity Act, which relieves utilization control, other than those processes specified by the American Society of Addiction Medicine; Prior Authorization; Step Therapy; and Lifetime Restriction Limits for Medication-Assisted Treatment drug products.

As a result of the Strategic Planning Working Group and the 2018 Behavioral Health Parity Act, the Department of Health Care Finance revised policy number: DHCF 003-16, which formerly permitted a seven (7) day supply of prescribed buprenorphine containing products to be dispensed to a beneficiary if the prescriber is awaiting the preauthorization. The revised policy HCDMA-19-001 permits MAT drug products to be prescribed and dispensed without a PA, when prescribed up to the U.S. Food and Drug Administration (FDA) approved maximum daily dose.

Methadone (Methadose® and Dolophine®) requires patient access through a DBH Certified Provider. Probuphine® implant is available as a covered medical benefit using the buy and bill policy. Sublocade® and Vivitrol® injections are available as a covered medical benefit using the buy and bill policy and as a covered pharmacy benefit. Other oral MAT drug products, including Lucemyra® [U.S. Food and Drug Administration (FDA) approved for mitigation of opioid withdrawal symptoms] are available as a covered pharmacy benefit.

This policy permits MAT drug products to be prescribed and dispensed **up to the FDA approved maximum daily dose, without a PA**. Additionally, this policy permits MAT drug products to be prescribed and dispensed **above the FDA approved maximum daily dose, requiring a PA**. See the chart below:

MAT Drug Product	FDA Approved Maximum Daily Dose (No PA Needed)	MAT Drug Product Indication(s)	Benefit Type
methadone (Methadose® and Dolophine®)	120 mg	OUD	Access thru a DBH Certified Provider
Probuphine®	296.8 mg (one-time every 6 months dose)	OUD	Medical Benefit
Suboxone®	24 mg/6 mg	OUD	Pharmacy Benefit
Zubsolv®	17.2 mg/4.2 mg	OUD	Pharmacy Benefit
Bunavail®	12.6 mg/2.1 mg	OUD	Pharmacy Benefit
buprenorphine/naloxone	24 mg/6 mg	OUD	Pharmacy Benefit
buprenorphine	24 mg	OUD	Pharmacy Benefit
naltrexone	50 mg	OUD and AUD	Pharmacy Benefit
Sublocade®	300 mg (one-time monthly dose)	OUD	Medical and Pharmacy Benefit
Vivitrol®	380 mg (one-time monthly dose)	OUD and AUD	Medical and Pharmacy Benefit
Lucemyra®	2.88 mg	Opioid Withdrawal Symptoms	Pharmacy Benefit

Effective April 1, 2019 qualified Medicaid providers may prescribe and dispense MAT drug products without a PA in accordance to this policy.

For questions regarding this transmittal, please contact JaVon Oliver, Behavioral Health Coordinator, Health Care Delivery and Management Administration at javon.oliver2@dc.gov or (202) 478-2434.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Subject:
Removal of Prior Authorization (PA) Requirements for Medication-Assisted Treatment (MAT) Drug Products

Policy #: 19-001

Policy Scope: Removal of PA Requirements for MAT Drug Products that are prescribed and dispensed to treat Substance Use Disorders (SUD)	**Number of Pages**: 5
Responsible Office or Division: Medicaid Director	**Number of Attachments:** 0
Supersedes Policy Dated: June 1, 2016 (#003-16)	**Effective Date**: April 1, 2019
Cross References and Related Policies: N/A	**Expiration Date, if Any**: N/A

I. PURPOSE

The purpose of this policy is to remove the PA requirements for MAT drug products and to explain how providers can connect patients to MAT drug products prescribed and dispensed for the treatment of opioid use disorder (OUD) and alcohol use disorder (AUD).

In 2016, the Department of Health Care Finance (DHCF) published Policy # 003-16 "Policy on Access to Buprenorphine." The intent of that policy was to reduce barriers to access buprenorphine. That policy permitted pharmacies to dispense a seven (7) day supply of buprenorphine without PA; extended the length of PAs from six (6) months to twelve (12) months; and clarified that psychotherapy and toxicology screenings were no longer prerequisites for receiving a PA.[1]

The Executive Office of the Mayor (EOM) developed the District-wide Opioid Strategic Plan (OSP) in 2018. The OSP developed seven (7) goals along with structured interventions in response to opioid overdoses in the District. One (1) of the seven (7) goals include "reducing barriers to access treatment." As a result, DHCF, along with the Department of Behavioral Health (DBH) and D.C. Health, investigated the clinical practice of opioid use disorder (OUD) treatment and overdoses (fatal and non-fatal) in the District.

[1] The most effective treatment of opioid dependency with Buprenorphine is to include psychotherapy and toxicology screenings as part of the medical standard of care.

Utilizing the recommendations of the OSP to remove restrictions on access to MAT, DHCF is amending Policy # 003-16 to remove the PA requirements for MAT drug products that are prescribed and dispensed for the treatment for OUD and AUD.[2]

Methadone (Methadose® and Dolophine®) requires patient access through a DBH Certified Provider. Probuphine® implant is available as a covered medical benefit using the buy and bill policy. Sublocade® and Vivitrol® injections are available as a covered medical benefit using the buy and bill policy and as a covered pharmacy benefit. Other oral MAT drug products, including Lucemyra® [U.S. Food and Drug Administration (FDA) approved for mitigation of opioid withdrawal symptoms] are available as a covered pharmacy benefit.

This policy permits MAT drug products to be prescribed and dispensed **up to the FDA approved maximum daily dose, without a PA.** Additionally, this policy permits MAT drug products to be prescribed and dispensed **above the FDA approved maximum daily dose, requiring a PA.** See the chart below:

MAT Drug Product	FDA Approved Maximum Daily Dose (No PA Needed)	MAT Drug Product Indication(s)	Benefit Type
methadone (Methadose® and Dolophine®)	120 mg	OUD	Access thru a DBH Certified Provider
Probuphine®	296.8 mg (one-time every 6 months dose)	OUD	Medical Benefit
Suboxone®	24 mg/6 mg	OUD	Pharmacy Benefit
Zubsolv®	17.2 mg/4.2 mg	OUD	Pharmacy Benefit
Bunavail®	12.6 mg/2.1 mg	OUD	Pharmacy Benefit
buprenorphine/naloxone	24 mg/6 mg	OUD	Pharmacy Benefit
buprenorphine	24 mg	OUD	Pharmacy Benefit
naltrexone	50 mg	OUD and AUD	Pharmacy Benefit
Sublocade®	300 mg (one-time monthly dose)	OUD	Medical and Pharmacy Benefit
Vivitrol®	380 mg (one-time monthly dose)	OUD and AUD	Medical and Pharmacy Benefit
Lucemyra®	2.88 mg	Opioid Withdrawal Symptoms	Pharmacy Benefit

[2] Live.Long.DC., December 2018
https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/LIVE.%20LONG.%20DC-%20Washington%20DC%27s%20Opioid%20Strategic%20Plan.pdf.

II. APPLICABILITY

This policy applies to all Medicaid providers and Managed Care Organizations (MCO).

III. AUTHORITY

Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code 7-771.05(6) (2012 Repl.)).

IV. POLICY

For oral buprenorphine and buprenorphine containing drug products such as Suboxone®, Zubsolv®, Bunavail® and buprenorphine/naloxone:

1. Medicaid providers may dispense a prescription for oral buprenorphine and buprenorphine containing drug products, **up to the FDA approved maximum daily dose**, that meets criteria for medical appropriateness and is consistent with federal regulations **without PA** by DHCF, its agent(s), or the beneficiary's MCO. Buprenorphine and buprenorphine containing drug products are controlled substances listed as a Schedule III drug. Federal regulations prohibit drugs in this class from being filled or refilled more than six months after the date on which such prescription is issued. Therefore, prescriptions greater than six (6) months old are not valid and must be renewed.

2. Entities that are credentialed, certified, and authorized to provide psychotherapeutic services shall provide these services directly to patients meeting medical necessity criteria without PA or, in the alternative, link patients to care. At a minimum, practitioners shall document linkages and/or attempts to link patients to psychotherapeutic services.

3. Medicaid providers may prescribe **more than the FDA approved maximum daily dose** for patients meeting medical necessity criteria if they **obtain PA** from DHCF, its agent, or the beneficiary's MCO. To do so, the provider shall include a request to **exceed the FDA approved maximum daily dose** in the **PA request** and shall outline the clinical and physiological characteristics warranting a higher dose. If such a PA has been requested, a pharmacist may dispense a 7-day supply for new patients without a PA, pending approval of the PA.

4. Medicaid providers must perform a minimum of two toxicology screenings per member annually to assess for ongoing substance use for each beneficiary receiving treatment. Medicaid Providers shall collect and document toxicology screenings in the beneficiary's medical record and make them available upon request.

5. Medicaid beneficiaries will not be subject to any lifetime limit on access to buprenorphine for the treatment of opioid addiction, regardless of source or type of coverage.

6. All District Medicaid prescribers shall meet federal, state and/or local qualifications specific to buprenorphine.

7. Each approved medical professional shall be a registered user of the District's Prescription Drug Monitoring Program (PDMP). The approved medical professional shall check the PDMP before providing each prescription of buprenorphine and shall document his/her findings in the patient's medical record.

For injectable MAT such as Sublocade® and Vivitrol ®:

1. A health practitioner may dispense a Sublocade® prescription of 300 mg/injection without PA on behalf of Medicaid beneficiaries as clinically indicated. Sublocade® is a controlled substance listed as a Schedule III drug. Federal regulations prohibit drugs in this class from being filled or refilled more than six months after the date on which such prescription is issued. Therefore, prescriptions greater than six (6) months old are not valid and must be renewed.

2. A health practitioner may dispense a Vivitrol® prescription of 380 mg/injection without PA on behalf of Medicaid beneficiaries as clinically indicated. Vivitrol® is not a controlled substance. Federal and District regulations allow drugs in this class to be filled within one (1) year of the date on which the prescription is issued and twelve (12) refills are allowed.

3. A District Mental Health Network Pharmacy may only deliver Sublocade® and Vivitrol® to an approved, qualified medical professional directly. Under no circumstance is Sublocade® and Vivitrol® to be provided directly to the beneficiary.

4. Only an approved, qualified medical professional may administer Sublocade® and Vivitrol®. Sublocade® must be administered through a subcutaneous injection. Vivitrol® must be administered through an intramuscular injection. Both Sublocade® and Vivitrol® must be administered using the special administration needle that is provided with the product and may not be injected using any other needle.

5. Specifically, for Vivitrol® the approved medical professional shall perform a "Naloxone Challenge Test"[3] prior to each administration and document his/ her findings in the beneficiary's medical record.

[3] The Naltrexone Challenge Test involves oral administration of 25 mg (i.e., half of a 50 mg tab), and is negative if no withdrawal signs or symptoms are apparent after 1 hour. If symptoms are present the medical professional shall not proceed to dose.

6. There shall be no lifetime limit on access to Sublocade® and Vivitrol® for the treatment of SUD for DC Medicaid beneficiaries.

7. All District Medicaid prescribers shall meet federal, state and/or local qualifications and requirements specific to Sublocade® and Vivitrol®.

8. All District Medicaid prescribers of Sublocade® and Vivitrol® shall be a registered user of the District's Prescription Drug Monitoring Program (PDMP).

9. The approved medical professional shall check the PDMP before providing each prescription of Sublocade® and Vivitrol® and shall document his/her findings in the patient's medical record.

Questions regarding this policy should be directed to JaVon Oliver, Behavioral Health Coordinator, Health Care Delivery and Management Administration at (202) 478-2434 or javon.oliver2@dc.gov.

Questions regarding Fee-for-Service claims submission should be directed to the Pharmacy Benefit Manager Call Center at 1-800-273-4962.

Questions regarding Medicaid Managed Care practices should be directed to Elisa Fauntleroy, Program Manager, Division of Managed Care at (202) 442-8998 or elisa.fauntleroy@dc.gov.

APPROVAL:

Melissa Byrd

Senior Deputy Director/
State Medicaid Director

5/13/19
DATE